County of San Diego

AGRICULTURE, WEIGHTS AND MEASURES

5555 OVERLAND AVENUE,SUITE 3101, SAN DIEGO, CALIFORNIA 92123-1256

TELEPHONE (858) 694-2778 – FAX (858) 505-6484

http://www.sdcawm.org

ANNUAL POINT-OF-SALE (P.O.S.) SYSTEM PERMIT APPLICATION

County Code Sec.21.2001et seq.

The term "Point-of-Sale System" includes, but is not limited to, equipment which scans Uniform Product Code barcodes, utilizes price look-up codes, or any other system retreives electronically stored information to complete a transaction of commerce between a retailer and a customer.

PERMIT PERIOD (See attached Point of Sale Informational Letter)

☐ January 1, 2008 to December 31, 2008   ☐ April 1, 2008 to March 31, 2009

☐ July 1, 2008 to June 30, 2009   ☐ October 1, 2008 to September 30, 2009

P.O.S. PERMIT NO._____

DEVICE REG NO._____

OWNERS - CHECK ONE:

☐ CORPORATION
☐ PARTNERSHIP
☐ INDIVIDUAL
☐ CHANGE IN OWNERSHIP

PRINT BUSINESS NAME AND BILLING ADDRESS:

COMPANY NAME: _____

BILLING ADDRESS: _____

ATTN:: _____

CITY/STATE/ZIP: _____

OWNER: _____ BILLING PHONE NUMBER:_____

EMAIL ADDRESS: _____

☐ NEW
☐ RENEWAL
☐ REVISION
☐ ADD POS STATION(S)
☐ DELETE POS STATION(S)

P.O.S. SYSTEM LOCATION ADDRESS: Do not use P.O. Box

STORE NAME: _____

STREET: _____

CITY/STATE/ZIP: _____

DAY TIME PHONE: _____

In the blank below, write the number of Point-of-Sale stations (e.g.: laser barcode scanners, registers using SKU numbers or PLU codes, etc.) at the above address, and enter the correct permit fee from table below:

FEE TABLE

1 TO 3 P.O.S. STATIONS	$ 89.00
4 TO 16 P.O.S. STATIONS	$ 129.00
17 TO 30 P.O.S. STATIONS	$ 190.00
OVER 30 P.O.S. STATIONS	$ 240.00

FEE EXEMPTION REQUIREMENTS

To be exempt from fee, Businesses MUST meet EACH of the following requirements:

- No more than 3 Point-of-Sale Stations
- Less than 3500 square feet of enclosed retail structure
- Weighing/measuring device(s) registered with the San Diego County Sealer

Application for permit MUST still be submitted for businesses that meet the fee exemption.

Number of POS Stations:_____

Amount Due: $_____

Payment due by:_____

IF NOT RECEIVED BY THIS DATE, THE FEES INCLUDING LATE PENALTIES WILL BE ASSESSED AS FOLLOWS:

Note: A late penalty of 50% of the original fee will be assessed after 30 days from the due date and each 30 days thereafter until full payment is received up to a maximum 200% late payment penalty

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Make check or money order payable to: County of San Diego

Send payment for total fee with this completed application to:

**County of San Diego
Department of Agriculture, Weights and Measures
5555 Overland Avenue Suite 3101
San Diego, CA 92123-1256**

I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT

PRINT NAME OF AUTHORIZED REPRESENTATIVE   SIGNATURE   DATE